ATTACHMENT A

AIRPORT GROUND SUPPORT EQUIPMENT APPLICATION

All applicants must complete this form. Please print or type all information on this and any attached applications.

APPLICANT INFORMATION:				
Organization/Company Name:				
Contact name:				
Mailing address:				
Equipment location address (if different):				
Contact phone: ()	Fax: ()			
E-mail:				
Type of Company (airport operator, airline, fixed b company, etc):	pase operator, or equipment management			
California airport where GSE will be operated:				
I hereby certify that all information provided in this application and any attachments are true and correct.				
Printed Name of Responsible Party:	Title:			
Signature of Responsible Party:	Date:			

AIRPORT GROUND SUPPORT EQUIPMENT APPLICATION WORK STATEMENT/SCHEDULE OF DELIVERABLES All applicants must provide the information specified on this form.

Provide the information detailed below. Attach additional pages if necessary.

- A program schedule, with project milestones and dates clearly identified;
- Provisions for appropriate record-keeping during the life of the funded project. At a minimum, MDAQMD expects to receive the following reports:
 - 1. Quarterly status reports until the equipment purchase has been accomplished. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before payment will be made.
 - 2. An annual report, for the duration of the project life used to determine cost-effectiveness, which provides the annual hours of operation and/or amount of electricity used, and operational and maintenance issues encountered and how they were resolved. MDAQMD reserves the right to verify the information provided.

AIRPORT GROUND SUPPORT EQUIPMENT APPLICATION EXISTING GSE INFORMATION

For each piece of equipment that you plan to replace, complete and attach one copy of this form

INFORMATION ABOUT EXISTING GSE EQUIPMENT TO BE REPLACED				
Equipment type:				
Engine type: Com	Compression Ignition		rk Ignition	
Equipment Manufacturer:				
Engine Model:	Engine Series: En		Engine Serial Number	
Horsepower rating:		Model yea	r:	
Primary Fuel: Diesel	Natural Gas	Other If	"Other," specify fuel:	
Estimated total annual hours of operation:		Engine ope	Engine operating load factor(%)	
Average equipment life (total hours):		Typical rep	Typical replacement schedule:	
Cost of new internal combustion available: \$	n equipment you woul	d have bought	if incentive funds were not	
NO _x emission level of internal concentive funds were not available		t (g/bhp-hr) yo	u would have bought if	
Briefly describe what you plan t	o do with equipment	that is being re	placed:	

AIRPORT GROUND SUPPORT EQUIPMENT APPLICATION NEW EQUIPMENT INFORMATION

For <u>each</u> piece of equipment that you plan to purchase, complete and attach one copy of this form

INFORMATION ABOUT NEW EQUIPMENT			
Type of equipment (i.e. belt loader, aircraft tug, etc):			
Equipment Manufacturer:			
Electric GSE Model:			
Estimated total annual hours of operation:			
Cost of new equipment:	Cost of battery pack (if not included at left)		
Project life (years):			
Indicate the method of recordkeeping that will be used:			
 Annual power consumption records (specific to the equipment), or Annual records of hours of operation as verified by non-resettable hour meter installed on the electric motor 			

AIRPORT GROUND SUPPORT EQUIPMENT APPLICATION INFORMATION ON EQUIPMENT USED FOR OPERATION/FACILITY EXPANSION Complete one copy of this form for <u>each</u> piece of equipment being acquired for fleet expansion

FLEET EXPANSION (If you are expanding your fleet, please provide information on the <i>non-electric</i> GSE Equipment you would have purchased had not incentive funds been available.):				
Equipment Type:				
Engine Type: Compression Ign	tion Spark Ignition			
Equipment Manufacturer:				
Engine Model:	Model year:			
Horsepower rating:				
Cost of new non-electric GSE Equipment:				
Primary Fuel: Diesel Natural Gas	Other If "Other," specify fuel:			
NO _x emission level of new non-electric equipment (g/bhp-hr):				